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SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (18/02/2021 18:11 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### **ACCIDENT STATEMENT**

Date of Submission 18/02/2021 18:11 (SGT) Date of Accident 31/01/2021 12:02 (SGT) **Exact Location of Accident** 171 E Coast Rd, Singapore 428877 Additional Location Information Country/State of Loss Singapore

# DETAILS OF OWN VEHICLE

Vehicle Registration Number FBD4961E

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUHAMMAD SYAFIQ BIN NAZRI NRIC No SXXXX433H Email Address ZAY\_ZAYANY@ICLOUD.COM Mobile Phone No (Phone) +65-82006650 Alternative Phone No +65-87525662

# VEHICLE PARTICULARS

Manufacturer Suzuki Model Gsx1300 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5110344481-01 Cover Note Number

#### DRIVER

Name of Driver AFIQ ZAYANY BIN ZAININ NRIC No SXXXX096G

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	08/03/2017 3 YEARS AND 10 MONTHS Male (Phone) +65-87525662 - ZAY_ZAYANY@ICLOUD.COM BLK 410 WOODLANDS STREET 41 #0793 - 730410 No Friend No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Hit and run / Vandalism / Damaged whilst parked Clear Dry
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bedok Division Headquarters (Phone) +65-18002440000 (Fax) +65-64443009 30 Bedok North Road Singapore 469676 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT G/20200201/7036	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category	<b>√</b>

Address	
Postcode	
Insurance Company Namo	
Nature Of Damage	
Details of property damaged in accident	
No Of Passanger (Including Date)	
No. Of Passenger (including Driver)	

## SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

18/2/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

SAMTA GROWD HOME FLOST GAST

A) FBD 4961E

B) SDH 82Z

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We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

18/2/2021 2:29pm

Witnessed by Reporting Centre

Personnel

This / DL / VIDEO.

# AGCIDENT STATEMENT

ACCIDENT DATE: (31,01, 2021) (DD/MM/YYY), TIME: (12.02) (HH:MM
LOCATION: Santa Grand Hotel East Coast
1. DETAILS OF VEHICLE  GIVEHICLE NUMBER: FBD 4961 E  b)INSURANCE COMPANY: NTGC  GIPOLICY NUMBER: 51103 44481-01
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  B) MAKE & MODEL: Suzulti / 65X 1300  F) TYPE: (SALOON / COUPE / MPV / VAN / LORRY (MOTORCYCLE) OTHERS)  B) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY)  2. INSURED / POLICY HOLDER
A)NAME: Muhammad Syafig Bin Vazri (MALE) FEMALE) b)NRIC/FIN/PASSPORT: S9508433H CONTACT: 8700 6650 c)ADDRESS: Woodland Ave   B  k 308 #02-333
CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER  DRIVER  Clincluding driver) Bin Zainin MALE/ FEMALE  BINRIC/FIN/PASSPORT: S95000966 CONTACT: 8752 5662  Claddress: Woodlands of 41 Blk 410 #07-93 .730410
*d) DATE OF BIRTH: (03 / 61 / (995 )(DD/MM/YYYY)  e) OCCUPATION: (NDOOR) OUTDOOR)  f) DATE OF DRIVING PASS  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /(NO))  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend.
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRV / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES) NO) 4.
IF YES, PLEASE STATE WHICH POLICE STATION: Unline.  B. THIRD PARTY VEHICLE  WHO of passanger of VEHICLE NUMBER: SDH &2 Z MODEL:  Clincluding driver) B) DRIVER'S NAME: No Koon Seng
( ) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  We passanger  C) VEHICLE NUMBER: MODEL:  (Including diviver)   NRIC/FIN/PASSPORT: CONTACT:
( ) NRIC/FIN/PASSPORT: CONTACT:
email = Zay - Zayany@icloud.com





1 of 3

Report No. G/20210201/7036

# POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 01/02/2021 13:23	Vide Report No.			Station Diary No.			
Name Of Informant	Address						
AFIQ ZAYANY BIN ZAININ	410 WO	ODLANDS	STREET 41 #07-9	93 SINGAPORE			
	730410						
ID Type / ID No.	Contact	No.					
NRIC NO / S9500096G	Home/O	ffice:	Mobile:				
			87525662				
Nationality	Email Ad	dress					
SINGAPORE CITIZEN	ZAY ZA	YANY@ICI	LOUD.COM				
Occupation	Sex	Age	Race				
Financial/Investment adviser	Male	26	03/01/1995	Malay			
Institution/School Name	Language						
	English	sh					
Date/Time Of Incident		Location Of Incident					
31/01/2021 12:00 - 31/01/2021 13:00	171 EAST COAST ROAD SANTA GRAND HOTEL EAST						
	COAST SINGAPORE 428877						

### Brief details.

At approximately 12:30pm on 31st January 2021, I've received a phone call to my room 223 regarding my bike, SUZUKI HAYABUSA FBD4961E. The receptionist told me that my bike has fallen down and that the staff working had helped to bring it back up. As i went down to take a look at bike, I noticed that it has fallen to the right side. As is a very heavy bike, I knew that it takes a lot of effort to topple the bike. I then requested for the Hotel staff to take a look at the camera as there are multiple cameras there. I then went back up to my room awaiting for their update.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2021 13:23
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210201/7036

30mins later, I was told by the receptionist that one of the staff had driven off from the parking lot beside my lot and accidentally hit my bike. The said driver said that he did not realize that he had hit my bike. The driver and hotel had agreed to pay for the repair cost. I did inform the hotel and driver to make a police report but they are reluctant to do so and wanted to settle privately. I agreed but I still am making this report now incase the said party decided to back out from their agreement.

I also have audio recording of my conversation with the staff. I've then went to my motorcycle shop to get a quotation for the repair and awaiting for them to get back to me. I do no wish to press any charges at this moment as the hotel and driver has said to comply. I do wish to press this if they decided to go back on their words.

Victim			
Person Name	AFIQ ZAYANY BIN ZAININ		
ID Type	NRIC NO	ID No	S9500096G
Gender	Male	Age	26
Race	Malay	Language	English
Occupation	Financial/Investment adviser	Address	410 WOODLANDS STREET 4 #07-93 SINGAPORE 730410
Mobile No	87525662	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2021 13:23
Officer In-Charge Of Case:	Classification Of Case:

**Authentication Stamp** 





POLICE REPORT (NP299)

# CONTINUATION OF REPORT

Report No. G/20210201/7036

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time: 01/02/2021 13:23
Not applicable	01/02/2021 10:20
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

#### Claim Handling

Accident MT/1121537 Policy No. 5110344481-01 Vehicle No. FBD4961E GST Registration No. Certificate No. Policyholder Name MUHAMMAD SYAFIQ BIN NAZRI Policyholder NRIC Product Code MOTORCYCLE INSURANCE Cover Type Third Party, Fire & Theft Loading Contact No.(Mobile) 82006650 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode KFK No Yes TCA No Yes eCode Reason NCD Protection NCD Entitlement(%) 20 Private Hire **▽** Accident Details Report Date 18/02/2021 18:09 Accident Report Within 24 hrs Yes Accident Type Date of Accident 31/01/2021 Time of Accident hh:mm 12:02 Country of Accident Reporting Centre Orange Force ICM No. Accident Location SANTA GRAND HOTEL EAST COAST **▽** Total Excess Applicable Per Accident Excess Type Windscreen Excess OD Standard Excess TP Standard Excess 0.00 0.00 YIED OD Excess YIED TP Excess 0.00 0.00 Driver is Covered? Additional Excess Total OD Excess Applicable 0.00 Total TP Excess Applicable 0.00 **☞** Benefits GST Registered Information GST Registered GST Registration Date GST Registration No. GST Status Verified Yes Modification History Policyholder Mailing Address Address 1 BLK 308 #02-333 Address 2 WOODLANDS AVENUE 1 Address 3 Address 4 Address Type Singapore address Post Code Unit No. Related Policy Number 02-333 5110344481-01 OI Driver Info Driver Name AFIQ ZAYANY BIN ZAININ Driver Type Named Driver Unnamed driver Name Driver NRIC S9500096G Driver DOB Register Date of Driver License 01/01/2017 Driver Age 26 Driving Experience Contact No.(Mobile) 87525662 Contact No.(Office) Contact No.(Home) Address 1 Address 2 Address 3 Address 4 Address Type Foreign address Post Code Unit No. Does he own a Singapore Yes No Driver Vehicle No. FBD4961E Driver Insurer Comp Registered car? Declaration Breathalyser or Blood Test 0 mg Any injury? Yes No Reading? Modification History Claim 001 New Insured Name Claim Type \* OD-MX минамм Contact Contact No.(Mobile) 87006650 No. (Home) NIL Email Address SYAFIQNAZRI893@GMAIL.COM Vehicle Number FBD4961 Claim Description FBD4961E / SDH82Z ON 31 Jan 2021 Preferred Workshop Bentikt No. Finalisation Yes Insured Liability Not at Fault GIA report Received

Date Registered

▼ Repair

Option

Preferred Workshop, Name unknown

Claim

Close

~

18/02/2021 18:14

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

			Save Submit		
Attachment					
Acceliment					
♥					
Accident No.	MT/1121537	Claim No.		001	
Last Doc. Received	● Yes ○ No	Upload Date		18/02/2021 18:15	Caredantial
[0] []	Path *		Clear	Category *  Please Select	Confidential NO ~
	file chosen			Please Select	NO V
Choose File No			Clear	Please Select	NO Y
Choose File No			Clear	Please Select Y	NO ~
Choose File No	file chosen		Clear	Please Select Y	NO ~
	file chosen		Clear	Please Select V	NO V
Message Read	THE GROSETT				
	List				
Attachment	Uploaded By/Date	Category	9	Urgency	Descr
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 18:15	Photos		Normal	Photos 2
W.	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 18:15	Photos		Normal	Photos 2
S.	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 18:15	Photos		Normal	Photos 2
VB.	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 18:15	Photos		Normal	Photos 2
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NRIC/ Driving License

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NRIC/ Driving Li-



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# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5110344481-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBD4961E

Chassis Number

: JS1CK111100101815

2. Name of Policyholder

3. Effective Date of Insurance

: MUHAMMAD SYAFIQ BIN NAZRI

: 11 Jun 2020

4. Expiry Date of Insurance

: 10 Jun 2021

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

N/A

**EXCESS (SECTION 2)** 

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

NAMED DRIVER (1)

: MUHAMMAD SYAFIQ BIN NAZRI

NAMED DRIVER (2)

: AFIO ZAYANY RIN ZAININ

HIRE PURCHASE COMPANY

: YEW HENG CREDIT ENTERPRISE PTE LTD

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: PEOPLES INSURANCE AGENCY PTE LTD (00000614852)

Date of Issue

: 05 Jun 2020 09:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

**eBao**Tech GeneralClaim Hello, NAC\_BUKIT\_MERAH\_800676 Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 31/01/2021 14:04 Vehicle No.(For Motor) FBD4961E Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle Insured Commence Product Cover Type Expiry Date No. Object Date MUHAMMAD 5110344481-Third Party, Fire & Theft FBD4961E FBD4961E 0 SYAFIQ BIN NAZRI S9508433H GMC 01 11/06/2020 10/06/2021

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